



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

JAMES E. RISCH – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: fsb@idhw.state.id.us

October 31, 2006

Renee' Quinton, Administrator  
Quinton Manor  
3440 S Yellowstone Highway  
Idaho Falls, ID 83402

License #: RC-175

Dear Ms. Quinton:

On August 22, 2006, a life safety code survey was conducted at Quinton Manor. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Eric Mundell, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

ERIC MUNDELL  
Team Leader  
Health Facility Surveyor  
Facility Fire, Life Safety, and Construction Program

EM/slc

c: Mark Grimes, Supervisor, Facility Fire, Life Safety, and Construction Program



JAMES E. RISCH – Governor  
RICHARD M. ARMSTRONG – Director

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**HEALTH & WELFARE**  
**FILE COPY**

DEBBY RANSOM, R.N., R.H.I.T. – Chief  
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**FILE COPY**

September 6, 2006

Renee' Quinton, Administrator  
Quinton Manor  
3440 S Yellowstone Highway  
Idaho Falls, ID 83402

Dear Ms. Quinton:

On August 22, 2006, a survey was conducted at Quinton Manor. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by September 21, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

*Mark Grimes* FOR

MARK GRIMES  
Supervisor  
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R175</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE BUILDING</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/22/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>QUINTON MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3440 S YELLOWSTONE HIGHWAY IDAHO FALLS, ID 83402</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R9999	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety standards of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on August 22, 2006. The surveyors conducting the survey was:</p> <p>Eric Mundell Team Leader Health Facility Surveyor</p> <p>Mark P. Grimes Health Facility Surveyor</p>	R9999		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

5S5221

If continuation sheet 1 of 1



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS  
P.O. Box 83720  
Boise, ID 83720-0036  
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name <i>Quinton Manor</i>	Physical Address <i>3440 Yellowstone Highway</i>	Phone Number <i>208.524.1958</i>
Administrator <i>Renee Quinton</i>	City <i>Idaho Falls</i>	ZIP Code <i>83402</i>
Survey Team Leader <i>Eric mandell</i>	Survey Type <i>FLS</i>	Survey Date <i>8/22/06</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	16.03.22.415.03	<u>Fire Extinguishers</u> : Two extinguishers were located in boxes	10/17/06
2	16.03.22.250.07	<u>F. Accessibility</u> : Handrails are not installed on each side of the steps at the sleeping rooms that are occupied and at the kitchen and activity room steps	10/19/06 en
3	16.03.22.750.01	<u>Fire Drills</u> : Fire drills were not documented as being held for the previous 12 months.	9/22/06 en
4	16.03.22.750.05	<u>h. Fire alarm test</u> : There was no documentation of monthly testing of the fire alarm.	9/22/06 en
5	16.03.22.750.04	<u>e. The fire extinguishers</u> were not documented as tested monthly. There were no monthly checks.	9/22/06 en
6	16.03.22.750.06	<u>Sprinkler System</u> : The sprinkler system was not tested annually as required; Documentation was not available.	9/22/06 en
7	16.03.22.750.02	<u>a. Fire Alarm</u> : The fire alarm system was not documented as being inspected by a professional business on an annual basis.	9/22/06 en

Response Required Date <i>September 22, 2006</i>	Signature of Facility Representative <i>X Renee Quinton</i>
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